



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**RB6793504-M**  
**Job Sheet 174875**



Part No: RB6793504-M

Job Qty: ~~1~~ **3**

Part Name: Seal Installation Kit C-30 (12 Tools)



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 3/22/18

Job Tracking No:

Due Date: 4/6/18

Created By: Marie Lajeunesse

Type: Stock

Description:

Note: DWG RB6793504-M Rev A IPP Rev A 18.03.22 New issue DP Verify DD

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off     |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|--------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |              |
| 100   | Start up Operation | 4 Ea  |            | 4/5/18   | 0.00      | 0.00    | Start Up Small Fab-4  |           | MLL          |
| 110   | Small Fab          | 4 pcs |            | 4/6/18   | 0.00      | 4.00    | Small Fab-4           |           | MLL          |
| 120   | QC                 | 4 pcs |            | 4/6/18   | 0.00      | 0.00    | QC5                   |           | MLL          |
| 130   | Packaging          | 4 pcs |            | 4/6/18   | 0.00      | 0.00    | Packaging3-1          |           | MAY 3 1 2018 |
| 140   | QC21-FG            | 4 Ea  |            | 4/6/18   | 0.00      | 0.00    | QC21                  |           | 21           |

Part Op 100 -

Descriptions: 110 - 1-Engrave placard RB41011 using marktronic engraver 2-Transfer drill Dart placard RB41011 into Pelican case APP-1550 3-Deburr holes and remove chips from case. 4-Rivet Dart placard to Pelican case 5-Glue placard RB6793504-M-4 to RB6793504-M-3 foam as per DWG. 6-Glue foams to case and pack case as per DWG.

### Job BOM

| Part / Item   | Component Name                                | Quantity     | Operation              | Container                |
|---------------|-----------------------------------------------|--------------|------------------------|--------------------------|
| 97524A032     | Blind Rivet                                   | 16 Ea (4 ea) | 100-Start up Operation | 5031249                  |
| RB41011       | Dart Tooling Placard, Aluminum                | 4 Ea (1 ea)  | 100-Start up Operation | 5021040                  |
| APP-1550      | Pelican Case                                  | 4 Ea (1 ea)  | 110-Small Fab          | 5059955-5059959 -5059951 |
| RB6793504-M-2 | Bottom Foam                                   | 4 (1 ea)     | 110-Small Fab          | 5059957-5059960 -5059956 |
| RB6793504-M-3 | Top Foam                                      | 4 (1 ea)     | 110-Small Fab          | 5059963-5059962 -5059965 |
| RB6793504-M-4 | Content Placard                               | 4 Ea (1 ea)  | 110-Small Fab          | 5071477                  |
| RB6796941-12  | Adapter                                       | 4 Ea (1 ea)  | 110-Small Fab          | XP 2x507646 2            |
| RB6796941-14  | Starter Seal Guide                            | 4 Ea (1 ea)  | 110-Small Fab          | 5030486 3x               |
| RB6796941-15  | Guide                                         | 4 Ea (1 ea)  | 110-Small Fab          | 5072565                  |
| RB6796941-201 | Puller Assembly/Starter Seal Removal Tool     | 4 Ea (1 ea)  | 110-Small Fab          | 5048400 3x               |
| RB6796941-203 | Slide Hammer Assembly                         | 4 Ea (1 ea)  | 110-Small Fab          | 1x5028390 1x5076864      |
| RB6893504     | Pusher Seal Installation Seal Support         | 4 (1 ea)     | 110-Small Fab          | 5028430 2x 5076444 1     |
| RB6893505     | Pusher Seal                                   | 4 (1 ea)     | 110-Small Fab          | 5028431 1x 5076447 2     |
| RB6893506     | Seal Install Tachometer Pusher                | 4 (1 ea)     | 110-Small Fab          | 5028432 3x               |
| RB6893507     | Seal Install Power Turbine Pusher             | 4 (1 ea)     | 110-Small Fab          | 5076419 3x               |
| RB6893508     | Seal Install Fuel Pusher                      | 4 (1 ea)     | 110-Small Fab          | 5028434 3x               |
| RB6893509     | Seal Install Starter Generator Support Pusher | 4 (1 ea)     | 110-Small Fab          | 5076415 3x               |
| RB6893728     | Pusher-Seal Installation Front Spare Pad      | 4 (1 ea)     | 110-Small Fab          | 5076412                  |

### Job Allocations

| Operation              | Component Part | Required | Inventory | Allocated |
|------------------------|----------------|----------|-----------|-----------|
| 100-Start up Operation | 97524A032      | 16       | 235       | 0         |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |  | Skid-tu'l <input type="checkbox"/><br>Machin' <input type="checkbox"/><br>Thermoform <input type="checkbox"/><br>Large <input type="checkbox"/>                                                                                  |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Water Jet<br/> <input type="checkbox"/> - Coor.         </div> <div> <input type="checkbox"/> Engineering<br/> <input type="checkbox"/> Quality<br/> <input type="checkbox"/> Other         </div> </div>                                                                                   |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                               |  | QTY I _____                                                                                                                                                                                                                      |  | Approval _____                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <b>Description Work Order Deviation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                  |  | ated By _____<br><br>d / Supervisor<br>al Verification _____<br><br>QA Coordinator<br>Approval _____                                                                                                                                                                                                                                                                                                                             |  |
| <b>Root Cause</b><br>Environment <input type="checkbox"/> No Re-verification <input type="checkbox"/><br>Design <input type="checkbox"/> Operator <input type="checkbox"/><br>Doc/Data <input type="checkbox"/> Offset/Setup <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/> Supplier <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/> Training <input type="checkbox"/><br>Material <input type="checkbox"/> Use for Testing <input type="checkbox"/><br>Internal Transport <input type="checkbox"/> Poor Information <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/> Rushing <input type="checkbox"/><br>LOA <input type="checkbox"/> Product Improvement <input type="checkbox"/><br>Substation <input type="checkbox"/> Process Improvement <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/> Manufacturing Process <input type="checkbox"/><br>Misidentified <input type="checkbox"/> Past Due <input type="checkbox"/> |  | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> |  | Terr <input type="checkbox"/><br>Set <input type="checkbox"/><br>BO <input type="checkbox"/><br>Br <input type="checkbox"/><br>Ir <input type="checkbox"/><br>C <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> |  | ositioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |  |





110-Small Fab

|                        |   |     |   |
|------------------------|---|-----|---|
| RB41011                | 4 | 938 | 0 |
| APP-1550- <del>E</del> | 4 | 0   | 0 |
| RB6793504-M-2          | 4 | 0   | 0 |
| RB6793504-M-3          | 4 | 0   | 0 |
| RB6793504-M-4          | 4 | 0   | 0 |
| RB6796941-12           | 4 | 0   | 0 |
| RB6796941-14           | 4 | 4   | 0 |
| RB6796941-15           | 4 | 0   | 0 |
| RB6796941-201          | 4 | 4   | 0 |
| RB6796941-203          | 4 | 0   | 0 |
| RB6893504              | 4 | 0   | 0 |
| RB6893505              | 4 | 0   | 0 |
| RB6893506              | 4 | 0   | 0 |
| RB6893507              | 4 | 0   | 0 |
| RB6893508              | 4 | 0   | 0 |
| RB6893509              | 4 | 0   | 0 |
| RB6893728              | 4 | 0   | 0 |

#### Part Specifications

Specifications could not be found.

Plex 3/22/18 1:06 PM Dart.lajeunesse.marie

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Completed By                                 |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                              |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                              |  |
| <div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                              |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                              |  |